



Davidson County Parks and Recreation Department
310 East Center Street
Lexington, NC 27293
Phone: (336) 242-2286 Fax: (336) 236-7530

Volunteer Coach Application
(Please print or type, must be a to read or application will be returned)

Booster Club Affiliation: _____

Name: Last _____ First _____ Middle _____ (As appears on Driver License)

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

E-mail: _____ Cell Phone: _____

Date of Birth: _____ Age: _____

Sex: Male _____ Female _____

Have you ever volunteered for the Davidson County Recreation and Park Department before? Yes____ No____ If yes, when:

_____ In what capacity? _____

Have you ever been convicted as an adult for a violation of the law? Yes____ No____ If yes, please explain in detail:



Coaching Preference
(Check All That Apply)

Boys _____ Girls _____

Sports:

- | | | | | | |
|--|------------------------------|--|------------------------------|------------------------------|--|
| FOOTBALL | SOCCER | BASKETBALL | BASEBALL | SOFTBALL | Volleyball |
| <input type="checkbox"/> Pee wee | <input type="checkbox"/> 6U | <input type="checkbox"/> Instructional | <input type="checkbox"/> 6U | <input type="checkbox"/> 6U | <input type="checkbox"/> Little League |
| <input type="checkbox"/> Little League | <input type="checkbox"/> 8U | <input type="checkbox"/> Little League | <input type="checkbox"/> 8U | <input type="checkbox"/> 8U | <input type="checkbox"/> Junior League |
| | <input type="checkbox"/> 10U | <input type="checkbox"/> Junior | <input type="checkbox"/> 10U | <input type="checkbox"/> 10U | |
| | <input type="checkbox"/> 12U | <input type="checkbox"/> Senior | <input type="checkbox"/> 12U | <input type="checkbox"/> 12U | |
| | <input type="checkbox"/> 14U | | <input type="checkbox"/> 14U | <input type="checkbox"/> 14U | |

By my signature below, I verify that information I have provided is true and complete. I also confirm that I will notify and update the Davidson County Recreation and Parks Department of any changes to the information provided. I further authorize the Davidson County Recreation and Parks Department to conduct a criminal background check with the complete understanding that all information provided by me will be kept confidential.

Signature: _____ Date: _____

For Office Use Only

Background Screening Completed: _____ Application ____ Accepted ____ Denied